21503 5608	33185 I		State of Ne		Mot	or Ve	ehicl	e A	ccid	er	nt Re	port	;	Shee	et1	of	2	
2	Total Nu		Local No./ District 186 Agency Case No. B5-075051								HIT & RUN	_	NVESTIGATION MADE AT SCENE?					
A/1	of Vehi		/ / D D /	1			YES X NO (In Military Time)				YES E ONLY	<u> </u>	NO	1				
02	OF ACCIDENT		7/2015	Y Y Y	y y s	$\stackrel{S}{\square} \stackrel{M}{\square} \stackrel{T}{\square}$	F S	F S TIME OF ACCIDENT			2015							
A/2	PLACE	COUNTY	POLICE							E	2016							
В	OF ACCIDENT	Г	Lincoln								PRIVATE	08/18/2015						
80	ROAD O	CITY	. STPEET/		PR			PROPERT ONE-WAY	PROPERTY? $\bigcirc$ $\bigcirc$			ATITUDE						
С	ACCIDENT	OCCUR	RED HIGHWAY N		HIGHWAY NO.				YES NO	LONGITUE				4				
3	DISTANCE MILEPO		FEET	Г	HIGHWAT NO.					LONGITUE	ONGITODE							
D <b>1</b>	IF AT INTERSECTION  NAME OF INTERSECTING ROADWAY					FEET MILES N S E						EAREST STREE	T. BRIDGE	RAILI	ROAD C	ROSSING	3	
1	Foxtail Dr.							ET MILES N S E W OF NEAREST STRE						,,				
∨1/M <b>02</b>		IF	DICATE	DISTANC	E FR	ROM NEAF	REST TOWN					_						
V2/M	MILES		N S E	W AND MILES		N	S E		NEAREST Y OR TOW									
01	R. work	WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLV													1			
E 1	ZONE CODES	1		CLASS CODES	SIFICATION S						STATE DEP							
1						V	EHICLE	NO. 1					- 43				1	
F 1	DRIVER LICENSE		NO. H1224	5971								STATE (Of License)	NE	SE		FEMALE		
V1/N	DRIVER MICHEL	IFI	HAYWOOD					PHONE 402		6099		LOCAL NO	Э.					
5	DRIVER ADDRI	ESS			700	0077	DATE OF	02/13	2/10	25		V1/	/1					
V2/N <b>1</b>	3431 S OWNER	S 76TH ST, LINCOLN, NE 68506										BIRTH (MM / DD / YYYY	03/13/1965 LOCAL NO.				1	8
G G	MICHEL OWNER ADDR		HAYWOOD			6099	AT VEO	CITATION	NO			V1/ 3						
4			Lincoln, NE				CITATION Y YES PENDING NO				LB476897				/3			
Н	LICENSE PLATE	PA	NO. SCG114	ŀ							YEAR ate Expires)	2015		STA (Of Pl		NE		
2	VEHICLE		YEAR 2010	Volkswa		ODEL JTD		Stati	on wag	าดก	color		STIMATED I		E		V1/	/4
V1/O <b>4</b>	VEHICLE ID			Otati	on was	,011	INSURANC	E COMPANY						/5				
V2/O	VEHICLE ID NO. (V/IN) 3VWPL7AJ6AM636794  TOWED TO TOWED BY										POLICY NO	ial Casualty Comp.				_ 18	8	
4	Capitol	Γowing	g- 101 Charl	<u>eston</u>	Capitol	l Towing v	  EHICLE	NO 2			76A-	82-21					<sup>V1</sup> / <sub>2</sub>	
1	DRIVER LIAOFOAOZO STATE NIC OCY OFEMAL												FEMALE		_			
V1/P	DRIVER DRIVER	NSE NO.   113321870						PHONE 4004170004					LOCAL NO		<u> </u>	MALE	+	
1	DRIVER ADDRI		PUTNAM 4024178036  CITY, STATE, ZIP DATE OF															2/1
V2/P	1121 SCENIC LN, LINCOLN, NE 68505							PHONE					(YY) 01/15/1996 UCCAL NO.					8
1 J	TIMOTHY H PUTNAM										0277		4-26-62					37
01	OWNER ADDR	ADDRESS CITY, STATE, ZIP Scenic Ln, Lincoln, NE 68505								C	TATION  PENDI	NG X NO	CITATION	NO.			3	
V1/Q	LICENSE PLATE	TE	NO. SBV912								YEAR ate Expires)	2016		STA'	TE	NE	V2/	
1 V2/Q	VEHICLE	YEAR		MAKE		ODEL		BODY ST		,	COLOR		STIMATED I	DAMAG	′		┖	
1	VEHICLE ID	0.00-		Dodge		150		PICK	up truc	K	red INSURANC	E COMPANY	TOTALE	.D Ф			V2/	
К	NO. (VIN)	387	7HF13Z4VG			State Farm POLICY NO.								2/6				
02	O2 Capitol Towing- 101 Charleston Capitol Towing  Complete this section for all injured p  (Complete a continuation report, if more than three were										080 5	7B					5	
							'sons ured)				DATE (MM /	Seat Position	<b>2</b> Eject	Body Region	Injury Sev.	rans.	SEX M F	
VEH. #	H. # NAME ADDRESS MICHELLE L HAYWOOD 3431 S 76TH ST, Lind					coln 68506				0	3/13/19	01	1	07		1	F	
1	LOCAL NO.	1//	MEDICAL FACILITY NAME					EMS SERVICE NAME			5, 10, 10	EMS RU	EMS RUN REPORT NO.					
VEH. #	NAME																	
2	JARED T	PUTN	AM 1121 SC		incoln, NF	E 68505				0	1/15/19	996	01	1	07	3	1	М
_	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NA	VIE				EMS RU	N REPO	JKT NO.			
VEH. #	NAME		1	ADI	DRESS													
	LOCAL NO. MEDICAL FACILITY NAME						EMS SE	EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.				

